

1. SUBSCRIBER(S) Complete the following information exactly as set out in the RESP Plan Application (19555).

1. Last Name of Subscriber	First Name
<input type="text"/>	<input type="text"/>
2. Last Name of Cosubscriber (if applicable)	First Name
<input type="text"/>	<input type="text"/>

2. BENEFICIARY(IES): Designation and distribution of contributions

You must use this form if you wish to designate more than three (3) beneficiaries when opening a family RESP or if you wish to add a beneficiary to an existing family RESP.

Each beneficiary must be connected by blood relationship or adoption to the subscriber and must be under the age of 21 unless the individual was a beneficiary under another family RESP immediately before this designation.

Contributions will be distributed equally among the account's beneficiaries. If beneficiaries are not receiving equal shares, please complete the RESP Change Request Form (29675).

NOTE: Because no decimals are allowed, it is not always possible to do the distribution equally. In these cases, the highest share will be attributed to the last added beneficiary (for example, for three beneficiaries: 33% - 33% and 34%)

<input type="checkbox"/> ADDITION	<input type="checkbox"/> WITHDRAWAL	
1. Last Name of Beneficiary	First Name	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address *	<input type="checkbox"/> Same as above for subscriber; or	Date of birth (YYYY MM DD)
<input type="text"/>		<input type="text"/>
Street No.	Street Name	Relationship to Subscriber
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name of Primary caregiver or Custodial parent/Legal guardian or Public primary caregiver **	First Name of Primary caregiver or Custodial parent/Legal guardian or Public primary caregiver **	
<input type="text"/>	<input type="text"/>	

For a family plan, please indicate the distribution of contributions made to the Plan

_____ %

Do you wish that the plan trustee ask for grants on your behalf for this beneficiary? Yes *** No

<input type="checkbox"/> ADDITION	<input type="checkbox"/> WITHDRAWAL	
2. Last Name of Beneficiary	First Name	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address *	<input type="checkbox"/> Same as above for subscriber; or	Date of birth (YYYY MM DD)
<input type="text"/>		<input type="text"/>
Street No.	Street Name	Relationship to Subscriber
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name of Primary caregiver or Custodial parent/Legal guardian or Public primary caregiver **	First Name of Primary caregiver or Custodial parent/Legal guardian or Public primary caregiver **	
<input type="text"/>	<input type="text"/>	

For a family plan, please indicate the distribution of contributions made to the Plan

_____ %

Do you wish that the plan trustee ask for grants on your behalf for this beneficiary? Yes *** No

<input type="checkbox"/> ADDITION	<input type="checkbox"/> WITHDRAWAL	
3. Last Name of Beneficiary	First Name	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address *	<input type="checkbox"/> Same as above for subscriber; or	Date of birth (YYYY MM DD)
<input type="text"/>		<input type="text"/>
Street No.	Street Name	Relationship to Subscriber
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name of Primary caregiver or Custodial parent/Legal guardian or Public primary caregiver **	First Name of Primary caregiver or Custodial parent/Legal guardian or Public primary caregiver **	
<input type="text"/>	<input type="text"/>	

For a family plan, please indicate the distribution of contributions made to the Plan

_____ %

Do you wish that the plan trustee ask for grants on your behalf for this beneficiary? Yes *** No

* Note: If the beneficiary is under 19 years of age and ordinary resides with a parent, guardian or primary caregiver, give name and address of that parent, guardian or primary caregiver.

** Note: Primary caregiver (or their spouse) is an individual who is eligible for the Canada Child Benefit. Custodial parent/Legal guardian is an individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests. Public primary caregiver is a department, agency or institution that receives the allowance payable under the *Children's Special Allowances Act*.

*** Note: Complete and attach the Basic and Additional Canada Education Savings Grant and Canada Learning Bond Application and a provincial grant application, if applicable.

3. SIGNATURES

I understand that any addition will not alter the plan's expiry date.

_____ First and last name of Subscriber	_____ Date (YYYY MM DD)	X _____ Signature of Subscriber
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_____ First and last name of Cosubscriber (if applicable)	_____ Date (YYYY MM DD)	X _____ Signature of Cosubscriber (if applicable)
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